



INDIANA ADOPTION HISTORY REGISTRATION - IDENTIFYING INFORMATION CONSENT

State Form 47896 (R3/6-05)

INSTRUCTIONS: All information, except the written signature(s), must be typed or clearly printed in black ink.

Agency Use Only

CONFIDENTIAL INFORMATION per IC 31-19-19-1

All parts of this form must be completed before the Consent Form can be filed.

Part One - Your Filing Status (Please do not check more than one box)

I am the:

☐ Adult Adoptee

☐ Adoptive Parent

☐ Birth Parent

☐ Pre-adoptive Sibling

☐ Spouse or Relative of a Deceased Adoptee (if the relationship existed at the time of the adoptee's death)

☐ Spouse or Relative of a Deceased Birth Parent (if the relationship existed at the time of the birth parent's death)

Part Two - Individual Completing This Consent Form

Name _____

Date of Birth _____

Mailing Address _____

Telephone Number, including Area Code _____

Please Note: A photocopy of signature identification must accompany this form (e.g., driver's license, Social Security card).

Part Three - Child's Birth Information

Child's Birth Name _____

Child's Date of Birth _____ Child's Sex _____

Child's Place of Birth _____

Full Name of Birth Father* _____

Full Name of Birth Mother (include maiden name)* _____

**If deceased, submit a copy of the death certificate.*

Part Four - Adoptee or Adoptive Parents Only

Child's Name after Adoption _____

Child's Date of Birth _____

Child's Place of Birth _____

Full Name of Adoptive Father _____

Full Name of Adoptive Mother _____

Part Five - Identifying Information Consent/Restriction

Information may be released to (please check appropriate box[es]):

- | | |
|--|---|
| <input type="checkbox"/> Adult Adoptee | <input type="checkbox"/> Adoptive Parent |
| <input type="checkbox"/> Birth Parent | <input type="checkbox"/> Pre-adoptive Sibling |
| <input type="checkbox"/> Spouse or Relative of a Deceased Adoptee (if the relationship existed at the time of the adoptee's death) | |
| <input type="checkbox"/> Spouse or Relative of a Deceased Birth Parent (if the relationship existed at the time of the birth parent's death) | |

Part Six - Affirmation

I affirm, under the penalties for perjury, that these representations are true to the best of my knowledge and belief, and that I am qualified to receive adoption history information under I.C. 31-19-18-2.

(Date)

(Written Signature)

Please return this form to:

Indiana Adoption History Registry
Indiana State Department of Health
Vital Records Division, B-4
2 North Meridian Street
Indianapolis, Indiana 46204